

## Foster Family Home - Corrective Action Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-3

98-050 Lokowai Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 7/18/2018

End Date:

7/18/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/18/18. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

*[Signature]*

Primary Care Giver

Date

7/18/18

Date